



Vehicle Owner: _____ SCA No: _____ Claim No: _____

Insured: _____ Company: _____ Policy No: _____

Year _____ Manufacturer _____ Model No: _____ Type _____ License No: _____ State _____

Serial No: _____ Odometer Reads: _____

____ This Acknowledges assignment of this case on _____ by _____

Coverage Type: _____ Limits: _____

Accident: Date _____ Time: _____ Location _____

Location of Vehicle:	Advance Charges:	Cause of Damage	Vehicle Status
<input type="checkbox"/> Repair Facility	Towing: \$ _____	<input type="checkbox"/> Collision <input type="checkbox"/> Theft	Driveable: Yes ___ No ___
<input type="checkbox"/> Towing Facility		<input type="checkbox"/> Fire <input type="checkbox"/> Vandalism	Inspection Completed:
<input type="checkbox"/> Place of Business	Storage: \$ _____	<input type="checkbox"/> Mechanical <input type="checkbox"/> Animal	<input type="checkbox"/> Before Repair
<input type="checkbox"/> Drive By		<input type="checkbox"/> Hail <input type="checkbox"/> Comprehensive	<input type="checkbox"/> During Repair
<input type="checkbox"/> Residence	Other: \$ _____	<input type="checkbox"/> Submersion <input type="checkbox"/> Other	<input type="checkbox"/> After Repair
<input type="checkbox"/> Other			Vehicle Disassembled: ___ Y ___ N
			Has Vehicle Been Modified ___ Y ___ N

Inspection Activity:

Agreed Figure Established: _____ Y ___ N	Additional Allowance Required: _____ Y ___ N
Repair Facility Supplied With Appraisal Company _____ Y ___ N	Betterment/Depreciation Involved: _____ Y ___ N
Owner Supplied with Appraisal Copy _____ Y ___ N	Appearance Allowance _____ Y ___ N
Repair Facility of Owner's Choice _____ Y ___ N	Appraisal in Excess of Shop Estimate _____ Y ___ N
Alternate Repair Facility Used _____ Y ___ N	Repair Facility Estimate Amount \$ _____

Value Comparison

Appraisal Amount \$ _____ Approximate Retail ACV \$ _____ Book _____ Pub Date _____

Damage Consideration:

Possible Additional Damage ___ Y ___ N Prior Unrelated Damage ___ Y ___ N Amount \$ _____

Repair Options:

Aftermarket Parts used: ___ Y ___ N Supplier: _____

LKQ Parts Used: ___ Y ___ N Supplier: _____

NOTE: EXPLANATION REQUIRED

Recommendation: _____

Salvage Disposition: _____

Further Activity: _____

Appraiser: _____ Date: _____



Truck/Tractor Identification & Equipment Report

Vehicle Owner: _____ Claim: _____
 Insured: _____ Company: _____
 Adjuster: _____ Policy No. _____

UNIT IDENTIFICATION

Year: _____ Manufacturer: _____ Model: _____ BBC: _____ Registration: _____
 Date Mfg: _____ VIN: _____ Unit No. _____ ICC/DPU: _____
 Odometer: _____ Miles _____ Kilometers _____ Hubometer: _____ Engine Hour Meter: _____
 Condition of Unit: _____ Color: _____ Lettering: _____ Painted: _____ Glider Kit: _____ Date: _____

CAB AND EQUIPMENT

Cab: _____ Sleeper: _____ Construction: _____ Interior: _____ Driver Seat: _____
 Passenger Seat: _____ Seat Type: _____ Options: _____ A/C _____ CB _____ Phone _____ AM/FM _____ Stereo _____ Tape
 _____ Cruise Control _____ Tilt Wheel _____ Carpet* _____ Full Set Gauges* _____ Headliner* _____ Pwr Windows* _____ Dual Air Horns* _____ Spot Lights
 _____ Visibility Window* _____ Step Pkg W/Rails* _____ Dual Chrome Exhaust* _____ Ext Sun Visor* _____ Wet Line w/PTO _____ Wind Deflector
 _____ Full Bumper _____ Aerodynamics _____ Hd/Chn Rack _____ QTR Fenders Stainless _____ Chrome Air Inlet*
 _____ Mirrors Dual Stainless Heated* _____ Air Assist Tilt Cab* _____ Air Brake Dryer _____ *Included in Owner Operator Package

FRONT AXLE, STEERING, BRAKES

Front Axle: _____ Steering Gear Mfg.: _____ Steering: _____ Brakes: _____

Engine

Manufacturer: _____ Model: _____ Type: _____ CID: _____ Number of Cylinders: _____ V _____ Inline _____ Hp Rating: _____
 Engine Options: _____ Turbocharged _____ Engine Brake _____ Fan Clutch _____ Other Oil Level: _____ Coolant Level: _____ Hot Shut Down: _____
 Did Engine Run After Upset: _____ Engine Condition: _____ Factory Inspection and Assurance: _____

TRANSMISSION

Manufacturer: _____ Model: _____ Speeds: _____ Auxiliary: _____ Auxiliary Manufacturer: _____

REAR AXLE AND SUSPENSION

Manufacturer: _____ Model: _____ Single Speed _____ Two Speed _____ Rear Suspension Weight Rating: _____
 Axle Configuration Walking Beam

FRAME

Frame Type Heat: _____ Length: _____ Standard _____ Extended _____ Reinforced _____ Double _____ Triple Wheelbase 122

FUEL TANKS

Manufacture: _____ Capacity: _____ Left: _____ Right: _____ Gallons _____ Liters _____ Construction: _____

FIFTH WHEEL

Manufacturer: _____ Type: _____

WHEELS

L/F _____ LR/FO _____ LR/FI _____ LR/RO _____ LR/RI _____
 R/F _____ RR/FO _____ RR/FI _____ RR/RO _____ RR/RI _____

TIRES

Type: _____ L/F _____ LR/FO _____ LR/FI _____ LR/RO _____ LR/RI _____
 R/F _____ RR/FO _____ RR/FI _____ RR/RO _____ RR/RI _____

COMMENTS:

Appraiser: _____ License No. _____ Date: _____